

## Health Update:

### New and Updated Information on Immunizations in the Aftermath of Hurricane Katrina

September 9, 2005

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Update  
September 9, 2005

**FROM: JULIA M. ECKSTEIN  
DIRECTOR**

**SUBJECT: New and Updated Information on Immunizations in the  
Aftermath of Hurricane Katrina**

The Centers for Disease Control and Prevention (CDC) has issued recommendations on tetanus prevention among Hurricane Katrina survivors and emergency responders. These recommendations are provided in Appendix A.

In addition, CDC has again updated immunization recommendations for evacuees of the hurricane. In particular, new information is provided in the sections on school requirements and crowded group settings. Note that these updated immunization recommendations, which are provided in Appendix B, replace the following sections of previously released Health Updates/Advisories:

Health Update - Updated Interim Immunization Recommendations for Hurricane-Displaced Persons, Sept. 7, 2005 – **Appendix A**

Health Advisory - Prevention of Infectious Diseases in Community Shelters Housing Hurricane-Displaced Persons, Sept. 6, 2005 - **Appendix D**

Health Advisory - Hurricane-Displaced Persons Presenting to Local Public Health Agencies With Health-Related Concerns, Sept. 5, 2005 - **Appendix C**

Questions should be directed to the Missouri Department of Health and Senior Services Immunization Program at 573/751-6439 or 800/392-0272 (24/7).

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## Tetanus Prevention

The risk of tetanus among hurricane Katrina survivors and emergency responders can best be minimized by following standard immunization recommendations and providing proper wound care.

### Key points to remember:

Patients without a clear history of at least three tetanus vaccinations who have any wound other than clean and minor **NEED tetanus immune globulin (TIG)** not just Td.

Tetanus in the United States is most commonly reported in **older persons** who are less likely to be adequately vaccinated than younger persons. In 2004, 71% of the 34 cases reported were among persons >40 years of age and 47% were among persons >60 years of age.

Older **women** are especially susceptible; a majority of those > 55 years of age do not have protective levels of tetanus antibody.

**Diabetics** are at increased risk. Reported tetanus is about 3 times more common in diabetics and fatalities are about 4 times more common.

**Non-acute wounds** (e.g., chronic ulcers, gangrene, abscesses/cellulitis) account for about 1 in 6 cases of reported tetanus; 1 in 12 reported cases had **no reported injury or lesion**.

### Wound management:

| Vaccination history                            | Clean, minor wounds                        | All other wounds   |
|--|--|--|
| Unknown or < 3 doses                           | Td or Tdap (Tdap preferred for ages 11-18) | Td or Tdap (Tdap preferred for ages 11-18) <b>PLUS tetanus immune globulin (TIG)</b> |
| 3 or more doses and ≤5 years since last dose   |  |  |
| 3 or more doses and 6-10 years since last dose |  | Td or Tdap (Tdap preferred for ages 11-18)   |
| 3 or more doses and >10 years since last dose  | Td or Tdap (Tdap preferred for ages 11-18) | Td or Tdap (Tdap preferred for ages 11-18)   |

See

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00041645.htm>

### Routine vaccination:

**Primary series** of diphtheria, tetanus, acellular pertussis (DTaP) in infancy and childhood. (Recommended schedule is 2,4,6, months, 15-18 months, 4-6 years. See

<http://www.cdc.gov/nip/recs/child-schedule.htm>

## **Tetanus Prevention**

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**Booster shots** of tetanus, diphtheria (Td) or tetanus, diphtheria, acellular pertussis (Tdap) at age 11-12 and then every 10 years. (Tdap is preferred for adolescents 11-18 years of age [http://www.cdc.gov/nip/pr/pr\\_tdap\\_jun2005.htm](http://www.cdc.gov/nip/pr/pr_tdap_jun2005.htm).)

Persons who did not receive DTP or DTaP as a child, or whose tetanus vaccination history is not known should receive a primary series of three doses of adult Td. The first two doses should be separated by 4 weeks and the third dose should follow the second by at least 6 months. For persons 11-64 years of age Tdap may be substituted for ONE of these doses, preferably the first dose. Tdap should be substituted for ONE of these doses for persons 11-18 years of age.

For more information, visit [www.bt.cdc.gov/disasters](http://www.bt.cdc.gov/disasters),  
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

September 9, 2005

Page 2 of 2



# Interim Immunization Recommendations for Evacuees of Hurricane Katrina

The purpose of these recommendations is two-fold:

1. **To ensure that children, adolescents, and adults are protected against vaccine-preventable diseases in accordance with current recommendations.** Immunization records are unlikely to be available for a large number of adult and child evacuees. It is important that immunizations are kept current if possible.
2. **To reduce the likelihood of outbreaks of vaccine-preventable diseases in large crowded group settings.** Although the possibility of an outbreak is low in a vaccinated U.S. population, it is possible that outbreaks of varicella, rubella, mumps, or measles could occur. Although measles and rubella are no longer endemic to the United States, introductions do occur, and crowded conditions would facilitate their spread. Hepatitis A incidence is low in the affected areas, but post-exposure prophylaxis in these settings would be logistically difficult and so vaccination is recommended. In addition, the influenza season will begin soon and influenza can spread easily under crowded conditions.

## I. Recommended Immunizations

### *If immunization records are available:*

Children and adults should be vaccinated according to the recommended child, adolescent, and adult immunization schedules.

See:

- [Childhood and Adolescent Immunization Schedule](http://www.cdc.gov/nip/recs/child-schedule.htm). ([www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm)).
- [Adult Immunization Schedule](http://www.cdc.gov/nip/recs/adult-schedule.htm) ([www.cdc.gov/nip/recs/adult-schedule.htm](http://www.cdc.gov/nip/recs/adult-schedule.htm)) .

### *If immunization records are not available:*

**Children aged 10 years and younger** should be treated as if they were up-to-date with recommended immunizations and given any doses that are recommended for their current age. This includes the following vaccines:

- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)
- Inactivated Poliovirus vaccine (IPV)
- *Haemophilus influenzae* type b vaccine (Hib)
- Hepatitis B vaccine (HepB)
- Pneumococcal conjugate vaccine (PCV)
- Measles-mumps-rubella vaccine (MMR)
- Varicella vaccine unless reliable history of chickenpox

September 8, 2005

Page 1 of 3

Interim Immunization Recommendations for Evacuees of Hurricane Katrina  
(continued from previous page)

- Influenza vaccine if in Tier 1.\* This includes all children from 6-23 month and children up to age 10 with a high risk condition (MMWR 2005;54:749-750). See: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm)
- Hepatitis A is not routinely recommended in all states; state immunization practice should be followed.

**Children and adolescents (aged 11-18 years)** should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)
- Meningococcal conjugate vaccine (MCV (ages 11-12 and 15 years only)
- Influenza vaccine if in Tier 1\* (MMWR 2005;54:749-750)  
See: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm)

**Adults (aged >18 years)** should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids (Td) if  $\geq 10$  years since receipt of any tetanus toxoid-containing vaccine
- Pneumococcal polysaccharide vaccine (PPV) for adults  $\geq 65$  years or with a high risk condition (MMWR 1997;46(No. RR-8):12-13),  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>
- Influenza vaccine if in Tier 1\* (MMWR 2005;54:749-750). See: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm)

## School requirements

States affected by Hurricane Katrina had immunization requirements for school and daycare and it is likely that children enrolled prior to the disaster would be vaccinated appropriately. It is not necessary to repeat vaccinations for children displaced by the disaster, unless the provider has reason to believe the child was not in compliance with applicable state requirements.

## II. Crowded Group Settings

In addition to the vaccines given routinely as part of the child and adolescent schedules, the following vaccines should be given to evacuees living in crowded group settings, unless the person has written documentation of having already receive them:

- **Influenza** Everyone  $\geq 6$  months of age should receive influenza vaccine. Children 8 years old or younger should receive 2 doses, at least one month apart., **unless they have a documented record of a previous dose of influenza vaccine, in which case they should receive 1dose of influenza vaccine**
- **Varicella** Everyone  $\geq 12$  months of age should receive one dose of this vaccine unless they have a reliable history of chickenpox or a documented record of immunization.
- **MMR** Everyone  $\geq 12$  months of age and born during or after 1957 should receive one dose of this vaccine unless they have a documented record of 2 doses of MMR
- **Hepatitis A** Everyone  $\geq 2$  years of age should receive one dose of hepatitis A vaccine unless they have a clear history of hepatitis A or a documented record of immunization.

Interim Immunization Recommendations for Evacuees of Hurricane Katrina  
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**Immunocompromised individuals**, such as HIV-infected persons, pregnant women, and those on systemic steroids, should not receive the live viral vaccines, varicella and MMR. Screening should be performed by self-report.

***Documentation***

It is critical that all vaccines administered be properly documented. Immunization records should be provided in accordance with the practice of the state in which the vaccine is administered. Immunization cards should be provided to individuals at the time of vaccination.

**Standard immunization practices** should be followed for delivery of all vaccines, including provision of [Vaccine Information Statements](http://www.cdc.gov/nip/publications/VIS/default.htm) (<http://www.cdc.gov/nip/publications/VIS/default.htm>).

***Diarrheal diseases***

Vaccination against typhoid and cholera are not recommended. Both diseases are extremely rare in the Gulf States, and there is no vaccine against cholera licensed for use in the United States .

***Rabies***

**Rabies** vaccine should only be used for post-exposure prophylaxis (e.g., after an animal bite or bat exposure) according to CDC guidelines.

**\*Influenza Tier 1** (MMWR 2005;54:749-750). See:  
[www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm)

Tier 1 recommendations include the following priority groups:

- Persons ages  $\geq$  65 years with comorbid conditions
- Residents of long-term care facilities
- Persons aged 2-64 years with comorbid conditions
- Persons  $\geq$  65 years without comorbid conditions
- Children aged 6-23 months
- Pregnant women
- Healthcare personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged <6 months

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